



Creating the future; every student, every day

Positive Relationships • Student Diversity • Multiple Pathways • Teacher Excellence

Dalby State High School

www.dalbyshs.eq.edu.au

EXPRESSION OF INTEREST FOR STUDENT ENROLMENT

Student Name:	Date of Birth:
Current School:	Gender: Male / Female
Entering Year Level: (Please Circle) 7 8 9 10 11 12	Commencing in year: 20 Term:
ENROLMENT CATEGORY(IES) UNDER WHICH YOU WISH TO APPLY: (ABLE TO APPLY FOR MULTIPLE CATEGORIES) To check if your home address is within our catchment area please consult with the school or visit http://www.qgso.qld.gov.au/maps/edmap/	
<input type="checkbox"/> Local Catchment <input type="checkbox"/> Sibling <input type="checkbox"/> Parent/Carer employed at DSHS. <input type="checkbox"/> Students verified with a disability wanting to attend the specific disability program if it is the closest program to their home and meets their individualised needs. <input type="checkbox"/> Children and young people who are subject to child protection orders that grant guardianship or custody to the Chief Executive Officer of the Department of Child Safety.	<input type="checkbox"/> Remote/regional students who access a School Transport Assistance Scheme bus service, provided by DTMR to travel to their closest school, as determined by the DTMR bus route. <input type="checkbox"/> Students boarding at the Bunya Campus. <input type="checkbox"/> Students excluded from a school if approved by the Regional Director. <input type="checkbox"/> Students residing outside the catchment area who do not meet the categories above are required to attach a detailed, written statement for consideration by the principal.

SPECIALIST PROGRAMS of interest

(entry into the programs by application only)

- | | |
|---|--|
| <input type="checkbox"/> Sporting Excellence (Years 7 – 12) | <input type="checkbox"/> Instrumental Music (Years 7 – 12) |
| <input type="checkbox"/> Innovate Ag (Years 11 – 12) | <input type="checkbox"/> Apollo Program (Years 7 – 10) |
| <input type="checkbox"/> Trade Futures (Years 11 – 12) | <input type="checkbox"/> Chronos Program (Year 10) |

Has your child ever been enrolled at a Queensland Government State School? Yes / No (please circle)

1. Parent/Guardian Details: (resides with child)		2. Parent/Guardian Details	
Name:		Name:	
Relationship to student:		Relationship to student:	
Address:		Address:	
	P/C:		P/C:
Phone:		Phone:	
Email:		Email:	

Please ensure "Parent/Guardian 1" is who the child resides with at their principal place of residence. At least one parent or the legal guardian (with documentary evidence of guardianship) must enrol the student and attend the enrolment interview (or provide written consent with identification if unable to attend the interview). Independent students will need to provide evidence of independent status.

Supporting documents required with EOI

- Birth Certificate
 Australian Citizenship Certificate (if applicable)
 Passport, visa & date of arrival stamp (if applicable)

Please provide details of all other school aged residential siblings:

Sibling Name:			
Current School:			
Year Level:			

Nicholson Campus: 28 Nicholson Street, (PO Box 608) Dalby Qld 4405 Tel: 07 4669 0900 admin@dalbyshs.eq.edu.au

Bunya Campus: 463 Bunya Highway, Dalby Qld 4405 Tel: 07 4660 0333 admin@dalbyshsbunya.eq.edu.au

www.dalbyshs.eq.edu.au

ADDITIONAL STUDENT INFORMATION:

Indigenous Status:
 Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander

Education Support needs: (Please include any relevant documentation with this form)

If your child is/has accessed school based learning supports, please select and provide details below: <input type="checkbox"/> Learning Support <input type="checkbox"/> Special Education Program <input type="checkbox"/> Individual Curriculum Plan (ICP) <input type="checkbox"/> Guidance Officer (GO) <input type="checkbox"/> Social Worker <input type="checkbox"/> School Chaplain <input type="checkbox"/> Youth Support Coordinator <input type="checkbox"/> Advisory Visiting Teacher <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> School Based Youth Health Nurse (SBYHN) <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Speech & Language Pathologist <input type="checkbox"/> State School Nursing Service	Has your child accessed external supports? Please select and provide details <input type="checkbox"/> NDIS Services <input type="checkbox"/> Child and Youth Mental Health Services (CYMHS) <input type="checkbox"/> Speech & Language Pathologist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Child Safety Officer <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Counsellor <input type="checkbox"/> BUSHkids/Goondir/Act for kids <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Other External Support Service: _____
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Details:

Does your child meet one of the below specific disability categories? If yes select category: <input type="checkbox"/> Autism Spectrum Disorder (ASD) <input type="checkbox"/> Intellectual Disability (ID) <input type="checkbox"/> Hearing Impairment (HI) <input type="checkbox"/> Vision Impairment (VI) <input type="checkbox"/> Physical Impairment (PI)	Has your child been diagnosed with a Specific Learning Disability or other diagnosed medical condition? (eg Dyslexia, Developmental Language Disorder, ADHD) Please provide details:
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MEDICAL

Does your child have an acute medical condition? Please provide details and Emergency Health Plan
 Details:

Does your child require medication to be administered at School? Yes No

I understand that supplying false or incorrect information on this form may lead to the reversal of a decision to approve enrolment. I believe that the information I have supplied on this form is true and correct in every particular, to the best of my knowledge.

Parent/Carer Signature: _____ **Date:** _____

Note that your application will not proceed until we have received all required supporting documents.

Office use only – Please do not write in this space		
EOI status: <input type="checkbox"/> Yes <input type="checkbox"/> No	Principal Signature: _____	Enrolment Pack Given/Sent ____/____/____
Enrolment interview ____/____/____	Time: _____ am/pm DP _____	Comments